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The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Radiation Control Program  
90 Washington Street, Dorchester, MA 02121  
(617) 427-2944 (617) 427-2925 Fax

Dear Out-of-State Licensee:

Out-of-State licensees (licensees) seeking to conduct activities under reciprocity in Massachusetts in a calendar year must submit Agency Form MCRP 120.100-6, "Report of Proposed Activities in Massachusetts Under Reciprocity," two (2) copies of the Out-of-State specific license; and an annual fee as determined by the Executive Office for Administration and Finance. **The Agency must receive this filing at least 3 days before the licensee engages in activities permitted under the general license established in 105 CMR 120.190 (Enclosure 1).** This general license authorizes persons holding a specific license from the U.S. Nuclear Regulatory Commission, Licensing State or another Agreement State to conduct the same activity in Agency jurisdiction if the specific license issued by the Out-of-State licensing authority does not limit the authorized activity to specified locations or facilities. Subsequent to the initial filing in each calendar year, a fee and copies of the Out-of-State specific license are not required, provided the Agency has already received the fee in its entirety and has the most recent license, including all amendments to date, on file.

A licensee operating under reciprocity pursuant to 105 CMR 120.190 will receive an Agency certificate for the calendar year for performing activities requested on its initial Agency Form MCRP 120.100-6. If, in processing a licensee's Agency Form MCRP 120.100-6, the Agency determines that the Agency Form MCRP 120.100-6 contains omissions or errors, the staff will contact the licensee in an attempt to obtain the correct information. If the discrepancies cannot be resolved and the licensee does not qualify for the general license, staff will inform the licensee of this determination and indicate that the licensee has not complied with the requirements of 105 CMR 120.190, and work is not to be performed in areas of Agency jurisdiction until the Agency receives the required information.

Subsequent to a licensee's receipt of an Agency certificate for the current year, additional written or verbal authorization from the Agency will not be routinely issued to the licensee, even following a licensee's provision to the Agency of one or more additional Agency Form MCRP 120.100-6 during the remaining calendar year, provided notifications are received by the Agency three days prior to a licensee starting work.

**Licensees cannot perform work in areas of Agency jurisdiction without either (a) filing Form MCRP 120.100-6 for reciprocity in accordance with 105 CMR 120.190 or (b) applying for a specific Agency license.**

Under the general license, licensees conducting reciprocity activities, including storage (usage), are limited to a total of 180 days in any calendar year. The Agency tracks reciprocity on the basis of approved usage days. The Agency will not approve any activity, under the general license, that causes the

total usage days to exceed 180 days. The Agency may note, and notify the licensee, that a filing proposes reciprocity activities which approach or would exceed the 180-day limit. It is important that licensees track the days of use and clarify or delete dates of work when applicable.

Licensees who perform activities using separate Out-of-State licenses must submit separate reciprocity requests. For example, if a licensee has separate radiography and service licenses, and performs reciprocity work under both, the licensee must submit a separate Agency Form MCRP 120.100-6 with the appropriate fee for the initial filing for each license. The activities under reciprocity for each license will be limited to 180 days.

The Agency will perform inspections of activities performed in Agency jurisdiction by Out-of-State licensees operating under a general license pursuant to 105 CMR 120.190. These inspections will occur at the listed work site location(s) in Agency Form MCRP 120.100.6. **It is expected that licensees will keep the Agency informed of their activities and work site locations.**

Out-of-State licensees operating under reciprocity in areas of Agency jurisdiction must conduct activities involving radioactive materials in accordance with the conditions specified in the licensee's Out-of-State license, representations made in Agency Form MCRP 120.100-6, and other rules, regulations, and orders of the Agency, now or hereafter in effect. Failure to comply with these regulations or to conduct your radiation safety program in compliance with Agency regulations before operating under reciprocity may result in Agency enforcement action(s) against the licensee. Such actions could include the issuance of a notice of violation, the proposed imposition of a civil penalty, or an order suspending, modifying, or revoking the license as specified in Agency regulations.

During the review of enforcement actions taken against Out-of-State licensees operating under reciprocity, it was noted that some Out-of-State licensees have not always made the effort to become aware of Agency regulations. This is the licensee's obligation. The lack of awareness of Agency requirements, and applicable provisions is not an acceptable justification to preclude Agency enforcement actions. Agency regulations and Agency Form 3, "Notice to Employees", may be accessed, downloaded and printed from the following Internet location:

<http://www.state.ma.us/dph/rcp>

If you have any questions about the regulations or the application process, please feel free to contact my staff at (617) 427-2944.

Sincerely,

Robert Walker, Director  
Radiation Control Program

Enclosures:

- (1) 105 CMR 120.190
- (2) Agency Form MCRP 120.100-6 "Report of Proposed Activities in Massachusetts Under Reciprocity"

REPORT OF PROPOSED ACTIVITIES IN MASSACHUSETTS UNDER RECIPROCITY  
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM  
90 Washington Street, Dorchester, MA 02121

1. Name of Licensee(person or firm proposing to conduct the activities described below):

Phone Number:  
Fax Number:  
Contact Person:

2. Address of Licensee (Mailing address or other location where licensee may be located):

3. Name(s) of person(s) authorized by Licensee to perform activity:

4. Description of activities to be conducted in Massachusetts under the general license given 105 CMR 120.190:

5a. Description of Locations at which these activities will be conducted and dates scheduled:

Facility Name:

Telephone Number:

Contact:

Street and number or other location (Give complete address)

City, State and zip code

Dates Scheduled  
From To

Number of days, Expected start and end times


6. List sealed sources or devices containing sealed sources which will be possessed, used, installed, serviced or tested in Massachusetts. (Include description of type of radioactive material contained in each sealed source or device.):

<p>7. Number of specific license and name of state or agency issuing such specific license which authorizes the undersigned to conduct activities which are the same, except for location of use, as those specified in Item 4 above. (A copy of the specific license must accompany this report.):</p>	
<p>8. Provide your procedure for securing and controlling licensed material when not in use.</p>	
<p><b>CERTIFICATE</b></p>	
<p>9. I, THE UNDERSIGNED, HEREBY CERTIFY THAT:</p> <p>a. All information in this report is true and complete.</p> <p>b. I have read and understand the provisions of the general license MRCP 120.190 and I understand that I am required to comply with these provisions as to all radioactive material which I possess and use in Massachusetts under the general license for which this report is filed with the State of Massachusetts.</p> <p>c. I understand that activities, including storage, conducted in Massachusetts under general license are limited to 180 days in any calendar year.</p>	<p>_____ Licensee's name (type or print)</p> <p>_____ CERTIFYING INDIVIDUAL</p> <p>_____ Signature</p> <p>_____ Title</p> <p>Send completed form to: Radiation Control Program 90 Washington Street Dorchester, MA 02121</p>